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ABSTRACT

In 1997, a second survey was conducted of all 9th through 12th graders enrolled in schools funded by the Bureau of Indian Affairs (BIA). As in 1994, the survey instrument used was the Youth Risk Behavior Survey, developed by the Centers for Disease Control. Surveys were completed by 5,606 students out of a total high school population of 7,780. The survey was conducted to assess risk behaviors engaged in by American Indian young people and to better focus prevention programs to address these identified behaviors. The risk behaviors assessed by the survey involved seat belt use, motorcycle and bicycle safety, drinking and driving, carrying a weapon, physical fighting, suicide, violence on school property, tobacco use, alcohol use, drug use, HIV education, sexual behaviors, dietary behaviors, physical activity, and age of initiation to various behaviors. Students surveyed in 1997 were more likely than 1994 respondents to report ever using marijuana, cocaine, or steroids; more likely to report ever trying to quit smoking; and less likely to report riding a motorcycle, using smokeless tobacco, being in a physical fight, participating in vigorous physical activity, thinking they are overweight, and considering or attempting suicide. Data tables detail results for total respondents; females; males; students in grades 9, 10, 11, and 12; and total respondents in 1994. (TD)

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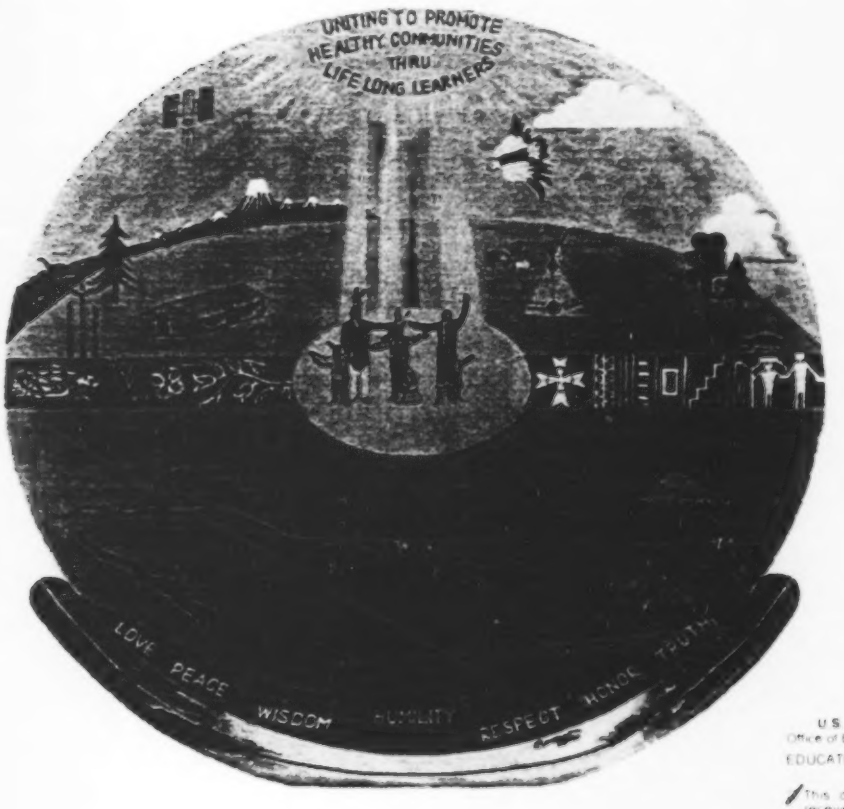
ED 419 653

1997
Youth Risk Behavior Survey
of
High School Students
Attending Bureau Funded Schools



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Bureau of Indian Affairs
Office of Indian Education Programs

RC 021519

This report was prepared by the Bureau of Indian Affairs, Office of Indian Education Programs, Special Projects Branch in conjunction with the Centers for Disease Control, Division of Adolescent School Health.

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The Assistant Secretary - Indian Affairs, Department of Interior has determined that the publication of this report is necessary in the transaction of the public business required by law of this Agency.

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FOREWORD

In the Spring of 1997, a second Bureau wide survey was conducted of all 9th through 12th graders enrolled in Bureau funded schools. As in 1994, the survey instrument used was the Youth Risk Behavior Survey (YRBS). The Center for Disease Control (CDC) developed the YRBS and uses it to conduct a national survey every two years in over 100 selected public high schools across the country. Although the information is aggregated to provide information about racial/ethnic groups of students, American Indians are too small a sample nationally to be statistically reliable. Therefore, this report based on the YRBS conducted solely with our American Indian students can be used as a source of information for schools and communities to assist with the planning and implementation of violence and substance abuse prevention programs.

Tribal leaders were informed about the YRBS and our survey effort through a letter from the Assistant Secretary - Indian Affairs and myself. Schools provided parents with information about the YRBS. All stakeholders including students understood that participation, although encouraged, was completely voluntary. Representatives from each area, agency and individual schools were given training by the CDC staff about the YRBS and how to conduct the survey. One hour of one day was selected in the month of April at each of the participating schools to implement the survey. There were no make ups for absences. The survey was conducted in part to assess the risk behaviors that our young people are engaging in and to better focus prevention programs to address these identified behaviors. Results from the 1997 survey can also be compared with the 1994 results to gauge progress.

I hope that the detailed findings will be useful to school board members, school administrators, teachers, program coordinators, and parents to support and justify your prevention efforts. The information may also suggest needed program modifications to better address the needs of students. Please use these survey results to improve our efforts to protect our young people and provide them with the best educational programs and services we can.

Joann Sebastian Morris
Director, Office of Indian Education Programs

Acknowledgements

Gratitude is expressed to Tribal leaders, Education Line Officers, School Board Members, parents, students, principals, teachers and other staff at participating Bureau funded schools; Donna Leno of the Indian Health Service; Dr. Sherry Everett, Steve Ranslow and Wick Warren of the Centers for Disease Control; and Kim Toyekoyah and Gail Veney of the Office of Indian Education Programs. Without their support and assistance, the survey and this report would not have been possible.

Introduction

The Office of Indian Education Programs (OIEP) is located within the Bureau of Indian Affairs (BIA) in the U. S. Dept. of Interior. The BIA/OIEP provides funding for 185 schools located on 63 reservations in 23 states. These schools provide educational programs for 50,373 students in school year 1997-1998. The health problems experienced by Indian youth are caused by a few preventable behaviors, such as alcohol abuse and unprotected sexual behaviors. Tobacco use, dietary patterns that cause disease, and physical inactivity are other risk behaviors established during youth which lead to health and other social problems later in life, including increased social dysfunction of families. The negative impact that such behaviors have on individuals, schools, communities, and Indian culture demand that we teach our youth about health and encourage them to adopt and maintain healthy behaviors.

Since the first Youth Risk Behavior Survey (YRBS) was conducted in 1994, the OIEP has promoted the following initiatives to address the survey findings:

* conducted six comprehensive school health trainings
* developed ROPES courses at 17 schools to provide for outdoor adventure based counseling
* provided targeted Title IV (Safe and Drug Free Schools and Communities) funding to 15 schools
* piloted K-6 HIV/AIDS prevention education with the Circle of Life Curriculum in 12 schools
* required that each Bureau funded school set a goal for the reduction of violence and substance abuse incidents

The identified risk behaviors exhibited by our youth today were not part of Indian life generations ago. Schools must now play a key role in promoting and teaching our youth about Indian traditions and the importance of attaining and maintaining health of body, mind and spirit. Successful schools such as those identified by the U. S. Department of Education, Office of Educational Research and Improvement for national recognition have implemented programs which incorporate several interdependent components, such as:

* a healthy school environment
* physical education
* after school or extended day activities
* nutrition and healthy snacks
* school nurse and health services
* comprehensive school health education
* parental involvement
* American Indian languages and traditions

The most effective health education emphasizes behavior change and risk avoidance. Behaviors are learned and behaviors become habits. Learned healthy behaviors developed at a young age which are supported at home and promoted at school become healthy habits for a lifetime and are the best protection we can provide to our youth against the six risk behaviors identified in this report.

We encourage all Bureau funded schools to implement a planned, sequential, K-12 instructional program which integrates health education about each of the risk behaviors along with teaching risk avoidance skills. Intervention programs and activities employed within a culturally appropriate framework are also essential to assisting our youth break the habits and the cycle of risk taking behaviors.

This report summarizes the results of the 1997 BIA/OIEP YRBS which was completed in the spring of 1997 by 5,606 high school students out of a total BIA high school student population of 7,780. Fifty-four (54) out of 57 Bureau funded schools with grades 9-12 participated. This represents a 72% student participation rate and a 95% school response rate. These survey results are statistically reliable and representative of all BIA students in grades 9 through 12.

The 95% school response rate multiplied by the 72% student participation rate equals the overall response rate which is 68%. This is an increase from the 1994 65% overall response rate. A weighting factor was applied to each student questionnaire to adjust for non-response. Weighting is a statistical procedure used so that the results reflect the liklihood of sampling each student and to reduce bias by adjusting for students who did not complete a questionnaire.

This report is designed to stimulate useful discussions among educators, parents, and youth in BIA funded schools about effective ways, programs and activities to address risk behaviors. Individual school data and this report could combine to provide statistically reliable information to support and demonstrate need when grant writing or seeking other funding opportunities to address health risks and youth activity.

Description of the Survey and Survey Administration

The YRBS is an 84 item questionnaire that assesses the prevalence of six categories of behavior that contribute substantially to the leading causes of death, illness, and social problems among youth and adults in the United States. The six priority risk behaviors assessed by the YRBS are: (1) unintentional and intentional injuries; (2) tobacco use; (3) alcohol and other drug use; (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted disease, including HIV infection; (5) dietary behaviors; and (6) physical activity.

The YRBS is self-administered. It was given to students on a particular day during a regular class period. The survey takes approximately 40 minutes to complete. Each participating school determined the one day and one class period assigned for the survey. Students recorded their answers directly on a booklet that was later scanned by a computer. Survey procedures were designed to protect students' privacy. Students were told their participation was voluntary and when taking the survey to leave no identifying markings on the booklet such as their name or student identification number.

Unintentional Injury

Seat Belt Use

Seat belt use is estimated to reduce motor vehicle fatalities nationally by 40% to 50% and serious injuries by 45% to 55%. Increasing the use of seat belts from the current 68% nationally to 85% could save an estimated 10,000 lives per year.

* Overall, 37% of the students rarely or never used seat belts when riding in a car or truck driven by someone else. This reflects a 3% decrease from the 1994 survey.

* The percent of students who never or rarely wore seat belts decreased from grade 9 at 41% to grade 12 at 30%.

* Overall, males reported less seat belt usage. Males reported 42% rarely or never using seat belt and females reported 32%.

Motorcycle and Bicycle Safety

Head injury is the leading cause of death in motorcycle and bicycle crashes nationally. Unhelmeted motorcyclists are two times more likely to incur a fatal head injury than helmeted riders. Unhelmeted bicyclists increase their risk of head injury six times more than helmeted riders.

Overall, 26% of the BIA/OIEP high school students surveyed reported riding a motorcycle at least once in the past twelve months and 69% report riding a bicycle during the past twelve months.

* 72% rarely or never wore helmets while riding a motorcycle.

* 94% rarely or never wore helmets while riding a bicycle.

Motor Vehicle Safety

Nationally, the leading cause of death among youth ages 15-24 is motor vehicle crashes. Half of these crashes are alcohol related. The leading cause of spinal cord injury among youth is an alcohol related vehicle crash.

During the thirty days preceding the survey, students reported:

* 48% rode in a car or vehicle with a driver who had been drinking.

* 21% of the students drove a car or vehicle after drinking alcohol. Significantly more males (25%) than females (17%) reported this activity.

Intentional Injury

Carrying a Weapon

Homicide is the second leading cause of death among youth ages 15-24 nationally. According to the Indian Health Service (IHS) homicide is the third leading cause of death for this age group. During adolescence, the national homicide rate increases 15 times.

* 25% of students reported carrying a weapon to school during the past month. This behavior was significantly higher for males (38%) than females (14%).

* Weapon carrying decreased each year from 9th grade (30%) to 12th (20%).

* 13.5% of students reported carrying a gun to school. Significantly more males reported this behavior (22%) than females (5%).

Physical Fighting

The 1997 survey reports significantly less physical fighting (44%) than in the 1994 survey (50%). Students surveyed on physical fighting reported that over the past 12 months:

* Significantly more males (50.5%) than females (38%) report being involved in a physical fight.

* The highest percentage of reported physical fighting is 51% which occurs in 9th grade and decreases steadily through 12th grade to 38%.

* 8% of the students were injured from being in a physical fight.

Suicide

Suicide is the third leading cause of death among youth ages 15-24 nationally. IHS reports that the suicide death rate for American Indian youth is 2.4 times higher than the national. The percentage of BIA students considering suicide has significantly decreased since the 1994 survey (29%).

* 22% of students or approximately 1 in 5 seriously considered suicide during the past 12 months.

* More females (28%) than males (15.5%) seriously consider suicide.

* 18% of students surveyed have made a suicide plan. The percent decreases each year from 9th grade (21%) to 12 grade (15%).

* 15% have attempted suicide which is a decrease from the 1994 survey which reported 20%.

* 6% were injured from a suicide attempt.

Violence on School Property

Three million thefts or crimes occur each year nationally on or near school property. There are a reported 16,000 incidents of violence occurring on school property each school day. Gang activity infiltrating at the school level could account for some of the reported violence. Indian country is not immune to gang activity. According to a recent IHS report 180 gangs have been identified in Indian country.

* Overall, 11% of the students did not go to school on at least one of the past 30 days preceding the survey because they felt it was too unsafe.

* Feeling unsafe was reported the highest among 9th graders (14%) and lowest among 12th graders (8%).

* One in ten students (10%) had been threatened or injured with a weapon while on school property during the last 12 months. This data has not changed from the 1994 survey.

* 20% or 1 in 5 students reported being in a fight on school property.

* 13% reported carrying a weapon on school property.

* 35% reported having property stolen or deliberately damaged at school.

Tobacco Use

Tobacco use is the chief preventable cause of death nationwide. One million teenagers begin smoking each year and 3,000 begin smoking each day. Ninety percent of smokers begin before the age of 21 and 50% begin before the age of 14. Of the BIA high school students surveyed, 11% smoked their first cigarette by the age of 8.

*93% of students had tried cigarette smoking. The 1994 survey reported 90%.

* 64% reported smoking within the past 30 days.

* 31% reported frequent cigarette smoking.

* 65% of students have tried to quit cigarette smoking which is significantly higher than the 46% reported in 1994.

* 23% of students reported use of smokeless tobacco. Males reported significantly higher use of smokeless tobacco at 30% than females at 16%.

Alcohol Use

Alcohol is a major factor in half of all homicides, suicides and motor vehicle crashes. Drinking can also be associated with physical fights, damaged property, trouble with the law and poor academic performance. Nationally, the reported use of alcohol by 12th grade is 88% which is also the percentage for BIA 12th graders. However, the alcoholism death rate for Indian youth ages 15-24 is 17 times the national average.

* Lifetime alcohol use reported for all grades 9-12 is 85%.

* Overall, 43% of the students reported episodic heavy drinking which is drinking 5 or more drinks of alcohol in a row.

* Overall, 53% of the students reported current alcohol use within the past thirty days.

Other Drug Use

Documented drug use in America is greater among high school students and young adults than in any other industrialized country worldwide. Drug use can be related to unwanted pregnancy, poor or failing academic achievement, delinquency, and the transmission of sexually transmitted diseases including HIV, in addition to death or injury.

* Significantly more students (78%) reported lifetime use of marijuana than in 1994 (68%).

* Half of the students (50%) reported marijuana use within the past thirty days.

* 22% reported cocaine use which is significantly higher than the 15% reported in 1994.

* One in ten students reported cocaine use within the past 30 days. Significantly more males (12%) than females (8%) report this behavior.

* 30% reported using inhalants such as glue, gas, paint and/or aerosol cans.

* 8% reported illegal steroid use. Steroid use by males was 9% and female steroid use was 6%.

* Overall, 6% of students have ever injected illegal drugs. In 1994, this figure was at 4%.

Drug Use on School Property

* 42% of students smoked cigarettes while on school property in the past 30 days.

* 17% of students used smokeless tobacco while on school property in the past 30 days, which is a decrease from the 1994 report of 24%. Significantly more males (22%) than females (12%) report this behavior.

* 16% of students report drinking alcohol on school property within the past 30 days.

* 30% of students report smoking marijuana while on school property within the last 30 days.

* 35% of students were offered or sold illegal drugs while on school property within the past year.

HIV Education

AIDS is the 6th leading cause of death for youth aged 15-24 in the United States. The IHS documented 2 cases of AIDS among American Indians in 1983. Ten years later, in 1993 there were 348 AIDS cases among Indians. The last reported number was 1,783 in December of 1997. HIV/AIDS is very much a growing concern in Indian country.

* Overall, 85% of students have received instruction about HIV/AIDS while attending school

Sexual Behavior

Early sexual activity is associated with unwanted pregnancy, sexually transmitted diseases, including HIV infection, as well as having negative effects on social and psychological development. Nationally, more than one million teenage girls each year become pregnant. Among American Indians, 45% of mothers have their first child before the age of 20.

* Overall, 63% of students report ever having sexual intercourse. Significantly more males (71%) than females (56%) report this behavior.

* 25% report having four or more sexual partners in their lifetime. Significantly more males (34%) than females (16%) report this behavior.

* During the past 30 days, 40% reported to be sexually active.

* Among those reported to be sexually active within the past 30 days, 52% used a condom. Ninth graders were significantly higher in reported condom use (61%) than 12th graders (44%).

* 10% of those reported to be currently sexually active use or their partner uses birth control pills.

* 38% of those reported to be currently sexually active drank alcohol or used drugs before they engaged in sexual intercourse.

* 11% reported to ever being pregnant or getting someone pregnant.

Dietary Behaviors

Among adolescents ages 6-17 nationwide, there are 4.5 million who are overweight. Of these youth, 11% are male and 10% are female. Unfortunately, overweight children tend to become overweight adults which can have serious consequences to their health and lifestyles. Chronic conditions such as diabetes, heart disease, and high blood pressure can stem from being overweight. In addition, overweight adolescents often experience social and psychological stress related to their body shape. Overweight adolescents are at greater risk for depression, poor school performance and problems in family and other relationships. An overemphasis on thinness, particularly for this age group, can lead to eating disorders which may include bulimia and anorexia nervosa. Females are more at risk for bulimia and anorexia nervosa as they account for 90% of all cases nationally.

* Overall, 35% report thinking of themselves as overweight which reflects a decrease from the 41% reported in the 1994 survey. Significantly more females (43%) than males (27%) report this belief.

* During the past 30 days, 34% of students reported dieting. Females were significantly higher (42%) than males (25%) in reporting this behavior.

* During the past 30 days, 57% of students reported exercising for the purpose of losing weight. Females were significantly higher (61%) than males (53%) in reporting this behavior.

* During the past 30 days, 8% of students vomited after eating or took laxatives. Females were significantly higher (11%) than males (6%) in reporting this.

* During the past 30 days, 7% of students took diet pills.

* On the day preceding the survey, 58% of students reported eating no more than two servings of high fat foods.

* On the day preceding the survey, 37% of students reported eating five or more servings of fruits and/or vegetables.

Physical Activity

Engaging in physical activity on a regular basis has been proven to increase both life expectancy and better overall health. Additionally, physical activity is associated with good mental health and self esteem. It assists in the prevention and/or management of heart disease, hypertension, diabetes and mental health problems. School physical education programs can have a significant positive effect on the health-related fitness of children.

* Overall, 57% of BIA students participated in vigorous physical activity on three or more of the seven days preceding the survey. Significantly more males (66%) than females (49%) reported this behavior.

* Overall, 46% of students reported participating in stretching exercises on three or more of the seven days preceding the survey.

* Overall, 49% of students reported participating in strengthening exercises on three or more of the seven days preceding the survey. Males (59%) were significantly more likely than females (40%) to report this activity.

* 46% of the students report participating in a physical education class at least one time per week. In 1994, over one-half participated in a physical education.

* 33% of students attend physical education class daily.

* During the 12 months preceding the survey, 53% of students played on a school sports team. Significantly more males (58%) than females (48%) report this behavior.

* During the 12 months preceding the survey, 46% of the students played on a sports team not affiliated with the school.

Ages of Initiation

The ages of 13 and 15 were selected to define ages of initiation as they more likely correspond to ninth graders and/or mid-high school ages.

* By age 13, 42% of students smoked a cigarette.

* By age 13, 39% of students had their first alcoholic drink.

* By age 13, 30% of students had smoked marijuana.

* By age 13, 14% of students had sexual intercourse.

* By age 15, 65% of students had smoked a cigarette.

* By age 15, 66% of students had their first alcoholic drink.

* By age 15, 57% of students had smoked marijuana.

* By age 15, 38% of students had sexual intercourse.

Table 1. Percentage of high school students involved in unintentional injury risk behaviors, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

	Sex			Grade				
	Total	Female	Male	9	10	11	12	1994
Rarely or never used seat belts[1]	37.2 (31.5-42.8)[4]	32.3 (26.8-37.7)	42.1 (36.1-48.2)	40.6 (35.0-46.3)	37.8 (32.1-43.5)	37.4 (30.6-44.2)	30.1 (24.2-36.1)	40.6 (36.0-45.2)
Rode a motorcycle[2,a,c]	25.9 (23.0-28.9)	16.6 (14.9-18.3)	35.8 (31.2-40.3)	27.7 (22.7-32.6)	26.3 (23.2-29.3)	25.0 (21.0-28.9)	23.4 (20.2-26.6)	34.0 (31.8-36.2)
Among motorcycle riders, rarely/never wore helmets[2]	72.2 (67.8-76.6)	72.4 (66.2-78.6)	72.0 (67.5-76.7)	70.6 (64.9-76.2)	69.2 (63.4-74.9)	75.2 (68.3-82.0)	76.1 (67.1-85.1)	72.6 (68.9-76.3)
Rode a bicycle[2,a,b,c,d]	68.6 (66.5-70.6)	64.0 (61.7-66.3)	73.4 (70.9-75.9)	74.4 (71.3-77.5)	68.9 (65.9-71.9)	64.9 (61.8-68.0)	61.6 (58.2-64.9)	66.6 (64.6-68.6)
Among bicycle riders, rarely/never wore helmets[2]	94.3 (93.4-95.3)	94.5 (93.4-95.6)	94.3 (93.0-95.5)	93.8 (92.3-95.2)	93.8 (92.0-95.6)	95.7 (94.1-97.3)	94.8 (93.4-96.3)	95.1 (93.9-96.3)
Rode with a drinking driver[1]	47.7 (44.7-50.7)	47.0 (43.6-50.3)	48.4 (45.2-51.6)	49.2 (46.3-52.2)	47.8 (43.7-52.0)	47.1 (43.3-50.9)	45.0 (40.5-49.5)	49.7 (46.5-52.9)
Drove after drinking alcohol[1,e]	21.0 (18.6-23.3)	17.3 (14.6-20.0)	24.8 (22.1-27.5)	20.2 (17.5-22.9)	19.8 (16.8-22.8)	21.1 (18.2-24.0)	23.2 (19.1-27.4)	19.8 (17.5-22.1)

[1] When riding in a car or truck driven by someone else.
[2] During the 12 months preceding the survey.
[3] One or more times during the 30 days preceding the survey.
[4] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 11th grade students.
[c] 9th grade students significantly different from 12th grade students.
[d] 10th grade students significantly different from 12th grade students.
[e] 1997 significantly different from 1994.

Table 2. Percentage of high school students involved in intentional injury risk behaviors, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

		Sex		Grade				
	Total	Female	Male	9	10	11	12	1994
Carried a weapon[1,a,b,c,d]	25.4 (23.1-27.7)[5]	13.6 (11.1-16.1)	38.2 (34.5-41.9)	29.4 (26.4-32.5)	26.3 (23.5-29.1)	23.1 (20.0-26.2)	19.5 (16.4-22.5)	26.3 (23.8-28.8)
Carried a gun[2,a]	13.5 (11.9-15.1)	5.2 (3.8-6.5)	22.3 (19.8-24.8)	14.8 (12.7-16.8)	13.5 (10.9-16.0)	13.5 (11.3-15.7)	10.8 (8.4-13.2)	13.1 (11.7-14.5)
In a physical fight[3,a,b,c,d,e,f]	44.2 (42.1-46.2)	38.3 (35.8-40.8)	50.5 (47.9-53.0)	50.9 (48.6-53.2)	45.5 (41.8-49.2)	41.4 (38.0-44.8)	34.2 (30.7-37.8)	50.5 (48.1-52.9)
Injured in a physical fight[3,a]	8.3 (7.2-9.4)	6.4 (5.3-7.5)	10.2 (8.6-11.9)	8.7 (6.9-10.4)	7.3 (5.9-8.8)	8.7 (7.2-10.3)	8.5 (6.7-10.3)	8.7 (7.5-9.9)
Considered suicide[4,a,f]	22.0 (20.2-23.8)	28.2 (25.7-30.7)	15.5 (13.6-17.4)	23.7 (21.7-25.8)	22.6 (19.8-25.3)	20.8 (18.1-23.6)	19.0 (15.9-22.1)	28.6 (26.2-31.0)
Made a suicide plan[4,a,f]	18.0 (16.5-19.6)	21.5 (19.3-23.7)	14.4 (12.7-16.1)	20.6 (18.5-22.8)	17.9 (16.0-19.7)	16.3 (13.7-18.9)	14.8 (12.3-17.2)	22.6 (20.3-24.9)
Attempted suicide at least one time[4,a,b,c,f]	14.7 (13.4-16.0)	17.8 (16.0-19.6)	11.2 (9.5-12.9)	17.7 (15.7-19.6)	14.0 (11.9-16.1)	13.1 (11.4-14.7)	12.2 (9.8-14.7)	19.6 (17.2-22.0)
Injury resulted from suicide attempt[4]	6.0 (5.2-6.7)	6.4 (5.2-7.7)	5.3 (4.5-6.2)	7.3 (5.8-8.9)	5.4 (4.1-6.8)	5.5 (4.4-6.5)	4.4 (3.0-5.8)	6.1 (4.8-7.4)

[1] Such as a gun, knife, or club on one or more of the 30 days preceding the survey.
[2] On one or more of the 30 days preceding the survey.
[3] One or more times during the 12 months preceding the survey.
[4] During the 12 months preceding the survey.
[5] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 11th grade students.
[c] 9th grade students significantly different from 12th grade students.
[d] 10th grade students significantly different from 12th grade students.
[e] 11th grade students significantly different from 12th grade students.
[f] 1997 significantly different from 1994.

Table 3. Percentage of high school students involved in intentional injury risk behaviors on school property, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

	Sex			Grade				
	Total	Female	Male	9	10	11	12	1994
Did not go to school because felt it was too unsafe[1,b,d]	10.7 (9.3-12.1)[3]	9.6 (8.1-11.1)	11.8 (10.1-13.5)	13.7 (11.8-15.5)	9.7 (7.8-11.5)	10.1 (7.9-12.3)	7.6 (5.4-9.7)	11.1 (9.2-13.0)
Threatened or injured with a weapon on school property[2,a,d]	9.7 (8.5-10.9)	6.4 (5.2-7.6)	13.0 (11.1-14.9)	11.1 (9.3-13.0)	10.3 (8.5-12.1)	9.0 (7.2-10.8)	7.1 (5.0-9.2)	10.3 (9.0-11.6)
Had property stolen or deliberately damaged on school property[2]	34.9 (31.0-38.9)	32.6 (28.1-37.0)	37.2 (33.4-41.0)	36.6 (33.0-40.1)	34.9 (29.2-40.5)	34.9 (30.2-39.5)	31.5 (27.0-36.0)	34.9 (30.2-39.6)
Carried a weapon on school property[1,a,d]	13.1 (11.5-14.6)	6.7 (5.5-7.8)	19.9 (17.3-22.5)	15.5 (13.0-17.9)	12.6 (10.7-14.4)	12.1 (9.9-14.4)	10.0 (8.3-11.7)	14.4 (12.6-16.2)
In a physical fight on school property[2,a,c,d,e,f]	20.9 (19.0-22.8)	17.6 (15.6-19.5)	24.3 (21.4-27.1)	26.1 (23.2-29.0)	22.0 (18.9-25.1)	18.5 (15.9-21.2)	12.8 (10.2-15.3)	24.1 (21.4-26.8)

[1] On one or more of the 30 days preceding the survey.
[2] One or more times during the 12 months preceding the survey.
[3] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 10th grade students.
[c] 9th grade students significantly different from 11th grade students.
[d] 9th grade students significantly different from 12th grade students.
[e] 10th grade students significantly different from 12th grade students.
[f] 11th grade students significantly different from 12th grade students.

Table 4. Percentage of high school students who used tobacco, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

	Sex			Grade				
	Total	Female	Male	9	10	11	12	1994
Lifetime cigarette use[1]	92.6 (91.3-93.8)[5]	93.5 (92.3-94.6)	91.6 (89.9-93.3)	93.1 (91.6-94.6)	93.1 (91.3-94.9)	92.0 (90.4-93.7)	91.2 (89.0-93.5)	90.4 (88.4-92.4)
Current cigarette use[2]	64.2 (60.7-67.7)	65.1 (60.2-69.9)	63.2 (60.0-66.5)	68.0 (64.1-71.9)	63.0 (59.5-66.5)	62.3 (57.8-66.8)	61.6 (56.3-66.9)	61.4 (61.1-67.7)
Frequent cigarette use[3]	30.5 (26.5-34.6)	31.9 (26.9-36.9)	29.0 (25.5-32.5)	32.3 (27.8-36.7)	29.3 (25.2-33.3)	31.1 (26.1-36.2)	28.6 (23.3-33.9)	31.2 (28.9-33.5)
Ever tried to quit cigarette smoking[4,b]	64.6 (61.4-67.9)	68.3 (64.8-71.7)	61.0 (57.4-64.5)	65.1 (61.6-68.6)	67.1 (63.2-71.0)	62.7 (58.4-67.0)	62.7 (57.7-67.7)	45.8 (42.4-49.2)
Used smokeless tobacco[3,4,b]	23.0 (19.5-26.4)	15.9 (11.5-20.2)	30.4 (25.8-35.1)	24.9 (21.0-28.8)	21.8 (17.5-26.1)	22.2 (17.9-26.4)	21.7 (17.9-25.6)	31.5 (27.9-35.1)

[1] Ever tried cigarette smoking, even one or two puffs.
[2] Smoked cigarettes on one or more of the 30 days preceding the survey.
[3] Smoked cigarettes on 20 or more of the 30 days preceding the survey.
[4] Used chewing tobacco or snuff during the 30 days preceding the survey.
[5] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 1997 significantly different from 1994.

Table 5. Percentage of high school students who used alcohol or other drugs, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

		Sex		Grade				
	Total	Female	Male	9	10	11	12	1994
Lifetime alcohol use[1,b,c,d]	84.9 (82.9-86.8)[m]	86.0 (83.8-88.1)	83.7 (81.1-86.2)	81.2 (78.2-84.3)	83.5 (81.0-86.0)	89.0 (86.7-91.3)	87.9 (85.0-90.7)	85.0 (83.3-86.7)
Current alcohol use[2]	53.5 (50.8-56.1)	52.4 (49.2-55.6)	54.7 (51.6-57.7)	54.0 (50.7-57.2)	51.1 (48.1-54.1)	55.6 (51.9-59.2)	53.0 (48.5-57.5)	52.7 (49.6-55.8)
Episodic heavy drinking[3]	42.6 (40.0-45.2)	41.0 (37.8-44.3)	44.2 (41.5-47.0)	42.8 (39.2-46.5)	40.5 (37.5-43.4)	42.9 (39.5-46.3)	44.3 (39.8-48.9)	42.5 (39.4-45.6)
Lifetime marijuana use[4,e]	78.3 (74.1-82.4)	79.2 (75.2-83.2)	77.2 (72.4-82.0)	76.5 (72.0-81.0)	78.0 (73.2-82.8)	80.6 (76.4-84.8)	78.4 (73.6-83.3)	68.0 (63.7-72.3)
Current marijuana use[5]	52.3 (48.0-56.6)	50.4 (46.0-54.7)	54.2 (49.6-58.9)	54.8 (49.6-60.0)	53.8 (48.5-59.0)	51.4 (46.5-56.3)	46.6 (41.0-52.1)	44.0 (39.8-48.2)
Lifetime cocaine use[6,e]	22.2 (18.9-25.5)	20.4 (16.8-24.0)	24.0 (20.3-27.7)	19.1 (16.1-22.1)	21.3 (16.8-25.8)	24.6 (20.9-28.4)	25.8 (21.3-30.4)	15.0 (12.6-17.4)
Current cocaine use[5,e,f]	10.0 (8.5-11.5)	8.2 (6.6-9.7)	11.7 (9.8-13.6)	9.8 (7.9-11.7)	9.9 (7.5-12.2)	10.3 (8.0-12.5)	9.9 (7.9-12.0)	5.9 (4.7-7.1)
Lifetime inhalant use[7]	29.4 (25.8-33.0)	31.6 (27.4-35.8)	27.1 (23.6-30.7)	31.4 (27.4-35.5)	29.6 (25.2-34.1)	27.1 (22.6-31.7)	27.8 (23.4-32.3)	35.9 (31.6-40.2)
Lifetime illegal steroid use[8,e,f]	7.7 (6.6-8.7)	6.1 (5.0-7.3)	9.2 (7.8-10.5)	8.8 (7.4-10.3)	7.0 (5.2-8.7)	6.9 (5.3-8.6)	7.0 (5.3-8.6)	4.4 (3.7-5.1)
Lifetime injected drug use[9,e]	6.0 (4.9-7.0)	4.5 (3.3-5.6)	7.5 (6.1-8.9)	6.7 (5.3-8.1)	5.7 (4.3-7.2)	5.3 (3.7-6.9)	5.4 (3.5-7.3)	4.3 (3.6-5.0)

[1] Ever had at least one drink of alcohol.
[2] Drank alcohol on one or more of the 30 days preceding the survey.
[3] Drank five or more drinks of alcohol on at least one occasion on one or more of the 30 days preceding the survey.
[4] Ever used marijuana.
[5] Used one or more times during the 30 days preceding the survey.
[6] Ever tried any form of cocaine, including powder, crack, or freebase.
[7] Ever inhaled (sniffed or huffed) glue, gas, contents of aerosol spray cans, or paint sprays to get high.
[8] Ever used illegal steroids.
[9] Ever injected illegal drugs.
[m] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 11th grade students.
[c] 9th grade students significantly different from 12th grade students.
[d] 10th grade students significantly different from 11th grade students.
[e] 1997 significantly different from 1994.

Table 6. Percentage of high school students who used tobacco or other drugs on school property, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

	Sex			Grade				
	Total	Female	Male	9	10	11	12	1994
Smoked cigarettes on school property[1]	41.7 (36.0-47.4)[4]	42.7 (36.3-49.0)	40.6 (35.0-46.3)	45.7 (39.4-51.9)	40.6 (35.1-46.2)	40.5 (34.2-46.7)	37.9 (30.5-45.2)	43.6 (40.1-47.1)
Used smokeless tobacco on school property[2,4,5]	16.7 (13.9-19.4)	11.8 (8.3-15.3)	21.8 (18.1-25.5)	17.8 (14.6-21.0)	15.3 (12.0-18.5)	16.9 (13.2-20.5)	16.3 (13.1-19.5)	24.4 (21.5-27.3)
Drank alcohol on school property[3]	16.0 (11.8-20.2)	15.6 (11.4-19.8)	16.5 (12.1-20.8)	15.4 (11.6-19.2)	16.6 (11.9-21.2)	16.5 (11.4-21.6)	15.2 (9.9-20.5)	16.4 (13.1-19.7)
Used marijuana on school property[3]	29.9 (24.7-35.0)	27.7 (22.2-33.3)	32.0 (26.9-37.2)	31.9 (26.2-37.6)	31.1 (25.0-37.2)	29.3 (24.1-34.4)	24.5 (18.6-30.4)	25.9 (22.3-29.5)
Offered, sold, or given an illegal drug on school property[3]	34.9 (31.1-38.7)	34.0 (29.3-38.7)	35.8 (32.5-39.0)	35.8 (32.1-39.4)	35.3 (30.9-39.7)	34.4 (30.1-38.7)	33.6 (28.0-39.2)	29.7 (26.2-33.2)

[1] On one or more of the 30 days preceding the survey.
[2] Used chewing tobacco or snuff during the 30 days preceding the survey.
[3] During the 12 months preceding the survey.
[4] 95% Confidence interval.
[5] Female students significantly different from male students.
[6] 1997 significantly different from 1994.

Table 7. Percentage of high school students who reported sexual behaviors, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

		Sex		Grade				
	Total	Female	Male	9	10	11	12	1994
Ever taught about HIV/AIDS in school[a,c,d]	84.8 (83.0-86.6)[3]	87.2 (84.8-89.7)	82.4 (80.4-84.3)	81.8 (79.0-84.6)	83.9 (81.5-86.3)	87.5 (84.9-90.1)	88.7 (85.8-91.6)	82.4 (80.2-84.6)
Ever had sexual intercourse[a,c,d,e,f]	63.3 (60.4-66.3)	56.3 (52.7-59.8)	71.2 (68.3-74.1)	54.8 (50.7-59.0)	59.2 (54.7-63.7)	71.4 (68.4-74.3)	73.6 (70.2-77.0)	66.7 (64.1-69.3)
Four or more sex partners during lifetime[a,c,d,f]	24.6 (22.2-27.0)	16.3 (14.1-18.6)	34.0 (30.8-37.3)	19.2 (16.3-22.1)	22.9 (19.9-25.9)	27.9 (24.7-31.2)	31.7 (27.3-36.0)	28.9 (25.9-31.9)
Currently sexually active[1,a,c,d,e,f]	40.4 (37.6-43.1)	35.2 (31.8-38.6)	46.3 (43.3-49.2)	33.1 (29.4-36.7)	35.9 (32.2-39.5)	48.2 (44.5-51.9)	49.8 (45.2-54.2)	43.1 (39.9-46.3)
Condom use during last sexual intercourse[2,a,c,d]	51.6 (49.4-53.7)	42.3 (39.2-45.4)	59.4 (56.2-62.5)	60.7 (57.0-64.3)	52.3 (47.4-57.2)	48.3 (44.5-52.0)	44.4 (40.7-48.1)	47.4 (43.9-50.9)
Birth control pill use during last sexual intercourse[2]	9.9 (6.7-13.0)	11.4 (7.0-15.7)	8.6 (6.0-11.2)	9.2 (6.1-12.4)	9.9 (5.0-14.8)	10.3 (5.6-15.0)	10.0 (6.0-14.1)	NA
Drank alcohol or used drugs before last sexual intercourse[2,a]	37.9 (34.6-41.1)	29.8 (25.4-34.1)	44.8 (41.0-48.6)	43.3 (37.0-49.7)	40.5 (34.1-46.9)	33.6 (29.2-37.9)	33.4 (28.6-38.3)	36.3 (31.5-41.1)
Ever pregnant or gotten someone pregnant[b,c,d,f]	11.2 (9.9-12.5)	11.7 (10.1-13.3)	10.8 (9.2-12.3)	6.7 (5.4-8.0)	10.4 (8.4-12.4)	13.9 (11.7-16.1)	16.6 (13.9-19.2)	12.4 (11.0-13.8)

[1] Sexual intercourse during the 3 months preceding the survey.
[2] Among currently sexually active students.
[3] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 10th grade students.
[c] 9th grade students significantly different from 11th grade students.
[d] 9th grade students significantly different from 12th grade students.
[e] 10th grade students significantly different from 11th grade students.
[f] 10th grade students significantly different from 12th grade students.

Table 8. Percentage of high school students who reported nutrition behaviors, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

		Sex		Grade				
	Total	Female	Male	9	10	11	12	1994
Thought they were overweight[a,b,c,d,e]	35.2 (33.3-37.1)[3]	43.4 (41.2-45.6)	26.8 (25.0-28.6)	30.9 (28.5-33.2)	34.1 (31.5-36.7)	37.5 (34.2-40.7)	41.7 (38.2-45.3)	41.2 (38.6-43.8)
Dieted to lose weight or keep from gaining weight[1,a]	33.5 (31.5-35.2)	42.0 (39.4-44.6)	24.5 (22.3-26.6)	33.8 (30.9-36.6)	32.7 (29.8-35.6)	35.1 (32.8-37.4)	32.2 (28.5-35.9)	NA
Exercised to lose weight or keep from gaining weight[1,a]	57.2 (55.4-59.1)	61.4 (59.0-63.9)	52.8 (50.5-55.1)	55.9 (53.8-58.0)	58.9 (56.5-61.3)	58.0 (54.5-61.5)	56.8 (53.4-60.1)	NA
Vomited or took laxatives to lose weight or keep from gaining weight[1,a]	8.2 (7.0-9.4)	10.6 (8.6-12.5)	5.8 (5.0-6.6)	8.8 (7.1-10.6)	8.0 (6.2-9.7)	7.6 (5.7-9.5)	8.1 (6.2-10.1)	NA
Took diet pills to lose weight or keep from gaining weight[1,a]	6.6 (5.5-7.8)	8.2 (6.6-9.9)	4.9 (3.9-6.0)	5.3 (4.2-6.4)	6.4 (4.8-8.0)	7.5 (5.7-9.3)	8.0 (6.3-9.8)	NA
Ate fruit[2,a,e]	75.5 (72.9-78.0)	71.5 (68.2-74.7)	79.7 (77.3-82.1)	77.3 (74.8-79.8)	75.7 (72.7-78.8)	73.3 (69.0-77.6)	74.9 (70.5-79.4)	68.5 (65.5-71.5)
Drank fruit juice[2,a,e]	67.7 (65.3-70.0)	62.6 (59.4-65.7)	72.9 (70.6-75.1)	68.3 (65.3-71.4)	68.8 (65.3-72.2)	67.4 (64.2-70.6)	65.0 (61.3-68.8)	58.9 (54.3-63.5)
Ate green salad[2]	41.1 (36.3-45.8)	38.1 (33.5-42.7)	44.2 (38.8-49.6)	41.2 (34.9-47.4)	40.4 (36.0-44.8)	39.1 (33.3-44.8)	44.2 (38.6-49.7)	35.6 (32.9-38.3)
Ate cooked vegetables[2]	52.5 (49.4-55.6)	50.5 (47.3-53.6)	54.6 (51.0-58.1)	50.1 (47.2-53.1)	52.7 (48.6-56.7)	53.5 (48.9-58.1)	55.1 (50.7-59.4)	47.5 (44.6-50.4)
Ate hamburgers, hot dogs, or sausage[2,a,e]	61.3 (57.6-65.1)	54.2 (50.2-58.2)	68.7 (64.6-72.9)	61.5 (58.2-64.8)	62.3 (58.3-66.3)	60.4 (55.5-65.3)	61.0 (54.4-67.7)	55.5 (53.7-57.3)
Ate french fries or potato chips[2]	63.7 (59.7-67.8)	61.7 (56.9-66.4)	65.8 (62.0-69.6)	63.4 (59.3-67.6)	63.9 (59.3-68.4)	62.6 (57.5-67.6)	65.4 (60.3-70.5)	60.5 (58.3-62.7)
Ate cookies, doughnuts, pie, or cake[2]	49.1 (46.0-52.2)	46.7 (43.2-50.1)	51.5 (48.2-54.8)	49.4 (46.5-52.3)	49.3 (45.2-53.3)	46.7 (42.8-50.6)	50.5 (45.6-55.4)	46.8 (45.3-48.3)
Ate no more than 2 servings of high fat foods[2,a]	58.2 (55.6-60.7)	64.9 (61.8-67.9)	51.3 (48.5-54.1)	57.0 (54.3-59.7)	58.1 (55.4-60.8)	59.8 (55.8-63.8)	58.5 (53.7-63.3)	NA
Ate 5 or more servings of fruits and vegetables[2,a]	37.2 (33.5-41.0)	32.1 (28.3-35.8)	42.6 (38.5-46.7)	38.2 (34.7-41.8)	37.6 (33.3-41.9)	37.1 (31.5-42.6)	35.3 (30.8-39.8)	NA

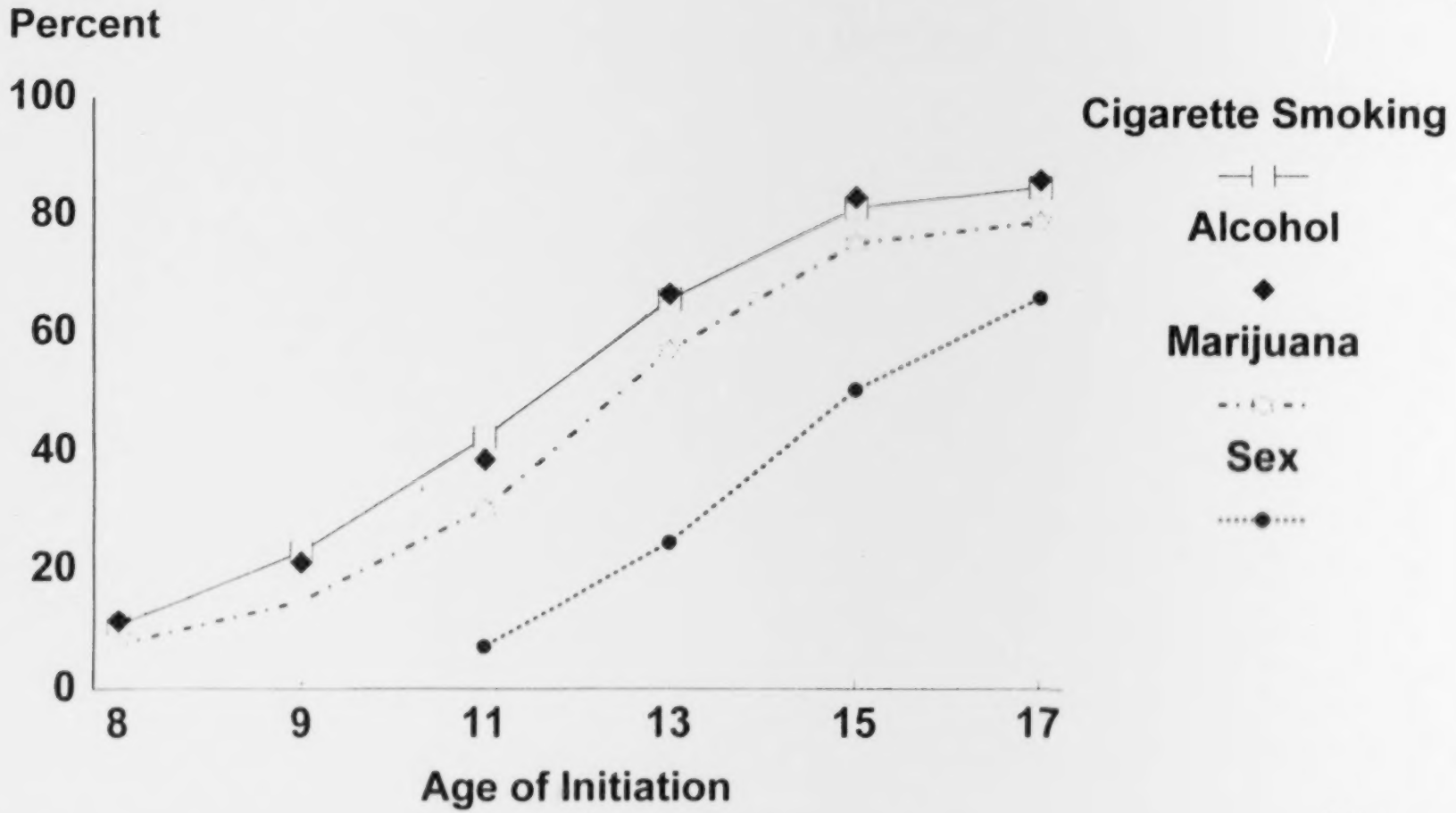
[1] During the 30 days preceding the survey.
[2] Yesterday.
[3] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 11th grade students.
[c] 9th grade students significantly different from 12th grade students.
[d] 10th grade students significantly different from 12th grade students.
[e] 1997 significantly different from 1994.

Table 9. Percentage of high school students who reported physical activity behaviors, by sex and grade — Bureau of Indian Affairs, Youth Risk Behavior Survey, 1997

		Sex		Grade				
	Total	Female	Male	9	10	11	12	1994
Participated in vigorous physical activity[1,e,f]	57.4 (55.3-59.6)[g]	49.4 (46.2-52.5)	65.9 (63.4-68.4)	57.1 (53.7-60.4)	58.7 (56.6-60.9)	59.3 (56.1-62.5)	54.1 (50.2-57.9)	62.0 (59.8-64.2)
Participated in stretching exercises[2,b]	46.3 (43.6-49.0)	42.6 (39.7-45.5)	50.2 (46.9-53.5)	47.2 (43.0-51.5)	45.3 (41.8-48.8)	45.6 (42.2-49.1)	46.9 (42.5-51.3)	48.8 (46.7-50.9)
Participated in strengthening exercises[3,b]	49.1 (47.1-51.0)	39.7 (37.5-41.8)	59.0 (56.0-61.9)	50.2 (47.0-53.5)	49.4 (46.9-51.9)	48.9 (45.8-51.9)	46.8 (42.9-50.7)	50.5 (49.0-52.0)
Enrolled in a physical education class[4,a,b,c,d]	45.8 (41.6-50.0)	39.1 (34.4-43.8)	52.8 (48.2-57.4)	64.6 (58.3-70.9)	42.5 (36.2-48.9)	34.9 (28.6-41.2)	30.7 (25.1-36.4)	51.1 (45.7-56.5)
Attended physical education daily[5,c,d]	33.4 (29.6-37.1)	29.7 (25.6-33.8)	37.2 (33.3-41.2)	46.9 (40.3-53.6)	31.3 (25.0-37.6)	25.9 (20.7-31.0)	21.8 (17.0-26.6)	32.1 (28.4-35.8)
Played on sports team run by the school[5,e]	52.8 (50.8-54.8)	47.9 (45.0-50.9)	57.8 (55.1-60.5)	52.2 (49.2-55.3)	52.8 (49.6-56.0)	55.9 (52.0-59.7)	50.2 (46.5-53.8)	54.1 (51.5-56.7)
Played on sports team unaffiliated with the school[5,e]	46.2 (43.1-49.1)	39.1 (35.5-42.6)	53.5 (50.4-56.6)	47.3 (44.1-50.4)	44.3 (40.6-48.0)	48.9 (44.6-53.2)	43.2 (39.4-47.0)	44.1 (41.8-46.4)

[1] Activities that caused sweating and hard breathing for at least 20 minutes on three or more of the seven days preceding the survey.
[2] Such as toe touching, knee bending, or leg stretching on three or more of the seven days preceding the survey.
[3] Such as push-ups, sit-ups, or weight lifting on three or more of the seven days preceding the survey.
[4] Enrolled in physical education class at least one day in an average week student is in school.
[5] During the 12 months preceding the survey.
[6] 95% Confidence interval.
[a] Female students significantly different from male students.
[b] 9th grade students significantly different from 10th grade students.
[c] 9th grade students significantly different from 11th grade students.
[d] 9th grade students significantly different from 12th grade students.
[e] 1997 significantly different from 1994.

Figure 1:
Age of Initiation of Selected Risk Behaviors By Age 18, 1997 BIA High School YRBS



Summary and Conclusions

Attitudes and behaviors developed in adolescence have health consequences that continue into adulthood. The data collected in this report on youth risk behaviors gives evidence of the need for and importance of prevention education and related activities in American Indian communities and Bureau funded schools. Our youth must have the opportunity to develop healthy behaviors in order to replace the behaviors which are currently putting them at risk for future health and social problems.

Students surveyed in 1997 *were more likely* than students surveyed in 1994 to report ever using marijuana, cocaine and steroids. Students surveyed in 1997 were also more likely to report ever trying to quit smoking. (See Table 4)

Students in 1997 *were less likely* than students in 1994 to ride a motorcycle, use smokeless tobacco, be in a physical fight, participate in vigorous physical activity, think they are overweight, and consider or attempt suicide.

Male students surveyed in 1997 *were more likely* than female students to: ride a motorcycle; use smokeless tobacco, steroids, and cocaine; inject drugs; drive after drinking alcohol; carry a weapon including a gun; be threatened or injured with a weapon on school property; engage in a physical fight and/or be injured in a physical fight; have sexual intercourse; report four or more sexual partners; report condom use at last sexual intercourse; use alcohol or drugs before sexual intercourse; participate in vigorous physical activity; participate in stretching and strengthening exercises; and play on sports teams both unaffiliated and affiliated with a Bureau funded school.

Female students surveyed in 1997 *were more likely* than males to: ever try to quit smoking cigarettes; diet, exercise, vomit, take diet pills, or use laxatives to lose or maintain weight; eat two or fewer servings of high fat foods; think they were overweight; consider suicide and/or make a suicide plan.

Students attending Bureau funded schools need the active support of all of us. We call upon all stakeholders: tribal leaders, school administrators, school board members, teachers, parents and community members to address the risk behaviors identified in this survey report. These risk behaviors carry a substantial financial and social cost on both an individual and collective level. The future health, survival and vitality of our Indian nations and cultures lie with our youth. Hopefully, this report will stimulate discussion as well as useful and appropriate school and community action to design and implement improved prevention programs and services in Indian schools and communities.